In the United States Patent and Trademark Office

First/Sole Applicant: WILLIAM FIZE	EDERICK FATHAUER, JR.	
Joint/Second Applicant:		
Title: " SUTURE APPARATUS	AND METHOD FOR STEPWAL (LOSURE.	
Small Entity Declaration—Independent Inventor(s)		
As a below-named inventor, I hereby declare that I quantification 1.9(c) for purposes of paying reduced fees under Sectithe Patent and Trademark Office with regard to my about filed herewith. I have not assigned, granted, conveyed contract or law to assign, grant, convey, or license—ar could not be classified as an independent inventor undinvention, or (b) any concern which would not qualify a 1.9(d) or (ii) a nonprofit organization under 37 CFR 1.96	ion 41(a) and (b) of Title 35 United States Code, to ove-identified invention described in the specification, or licensed—and am under no obligation under any rights in the invention to either (a) any person who der 37 CFR 1.9(c) if that person had made the seither (i) a small business concern under 37 CFR	
Each person, concern, or organization to which I have under an obligation under contract or law to assign, gralisted below:		
There is no such person, concern, or organization.		
☐ Any applicable person, concern, or organization is	isted below:*	
Full Name: NONE		
Address:		
I acknowledge a duty to file, in the above application for resulting in loss of entitlement to small entity status prior the issue fee or any maintenance fee due after the date appropriate. (37 CFR 1.28(b)).	or to paying, or at the time of paying, the earliest of	
I hereby declare that all statements made herein of my made on information and belief are believed to be true; the knowledge that willful false statements and the like both, under Section 1001 of Title 18 of the United State jeopardize the validity of the application, any patent iss statement is directed.	and further that these statements were made with so made are punishable by fine or imprisonment or s Code, and that such willful false statements may	
Signature of Sole/First Inventor	Signature of Joint/Second Inventor	
VIAM FIZED EPUCK FATH AUER JR Print Name of Sole/First Inventor	Print Name of Second/Joint Inventor	
Q Q AZ		
Date of Signature:	Date of Signature:	
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^{*}Note: A separate Small Entity Statement is required from any listed entity.

Declaration f r Utility r D sign Pat nt Appli ati n

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor [if only one name is listed below] or an original, first, and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

Suture Apparatus AND METHOD FOR STERNAL (LOSURE ...

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to

disclose information which is material to the examination of this application in accordance with Title 37,

Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below.

Signature: Sole/First Inventor: William - hodnich	, 7 A
Signature: Sole/First Inventor: William Modifich 16	educin , y.
Print Name: WILLIAM FREDERICK FATHALER, JR.	Date: 9,9-03
Residence: SCOTISDALE, AIRIZONA	Citizen Of: USA
Post Office Address: 10390 E. JENAN DRIVE	
SCOTTSDALE, AZ. 85260	
Telephone: 480 · 391 · 9025	
Signature: Joint/Second Inventor:	
Print Name:	Date:
Residence:	Citizen Of: